

**BATTLE ROSTER #:** \_\_\_\_\_**EVAC:** ☐ Urgent ☐ Priority ☐ Routine**Treatments:** (X all that apply, and fill in the blank)**Type****C: TQ-** ☐ Extremity ☐ Junctional ☐ Truncal \_\_\_\_\_**Dressing-** ☐ Hemostatic ☐ Pressure ☐ Other \_\_\_\_\_**A:** ☐ Intact ☐ NPA ☐ CRIC ☐ ET-Tube ☐ SGA \_\_\_\_\_**B:** ☐ O2 ☐ Needle-D ☐ Chest-Tube ☐ Chest-Seal \_\_\_\_\_

<b>C:</b>	<i>Name</i>	<i>Volume</i>	<i>Route</i>	<i>Time</i>
<b>Fluid</b>				
<b>Blood Product</b>				

<b>MEDS:</b>	<i>Name</i>	<i>Dose</i>	<i>Route</i>	<i>Time</i>
<b>Analgesic</b> (e.g., Ketamine, Fentanyl, Morphine)				
<b>Antibiotic</b> (e.g., Moxifloxacin, Ertapenem)				
<b>Other</b> (e.g., TXA)				

**OTHER:** ☐ Combat-Pill-Pack ☐ Eye-Shield (☐ R ☐ L) ☐ Splint☐ Hypothermia-Prevention Type: \_\_\_\_\_**NOTES:****FIRST RESPONDER****NAME** (Last, First): \_\_\_\_\_**LAST 4:** \_\_\_\_\_